



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on July 22, 2004.

Mary Meegan
Mary Meegan

In Re Application of:

Variyam, et al.

Serial No.: 09/575,488

Filed: 05/19/00

Group Art Unit: 2857

Examiner: Wachsman, Hal D.

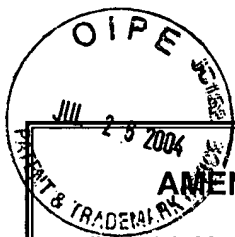
Docket No. 062004-1400

For: **Method For Testing Analog Circuits**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Letter
Third Response
11 Pages of Replacement Drawings

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s): **Variyam, et al.**

Docket No.

062004-1400Serial No.
09/575,488Filing Date
May 19, 2000Examiner
Wachsman, HalConfirmation No.
1016Group Art Unit
2857Invention: **Method for Testing Analog Circuits****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Third Response and Replacement Drawings in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	28 =	0	X \$9.00	\$00.00
INDEP. CLAIMS	1 -	1 =	0	X \$43.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$145.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00

- ☒ No additional fee is required.
☐ Please charge Deposit Account No. _____ in the amount of _____.
☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



David Rodack, Reg. No.: 47,034**7/22/04**

Date